

TOWN OF MARION

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

TO BOARD, COMMISSION, OR COMMITTEE

Name _____ E-Mail _____

Address _____ Phone _____

The above named individual is requesting consideration for appointment/re-appointment to a Town Committee as follows:

Board, Commission, or Committee being applied for:

Experience: _____

Previous Town positions held _____

Other Professional or Civic Organizations? _____

Briefly describe why you believe that you would be an asset to the above committee

If appointed, what strengths and unique qualifications might you bring to the committee?

How often would you be available to attend meetings?

Weekly _____ Twice per Month _____ Monthly _____

Might any actions taken by this committee directly affect you (or your employer)?

Yes _____ No _____

Do you believe that there would be any conflict of interest if you were appointed to this committee?

Yes _____ No _____

Applicant Signature

Date